Form 80-115-04-4-1-000 Rev. (5/04)

Route to Electronic Filing Coordinator

Mississippi Individual Income Tax Declaration For On-Line Filing 2004

MS8453 OL	IRS DECLARATION CONTROL NUMBER			
		00-	-5	
Taxpayer Last Name	Taxpayer First Name	Middle Initial	Tax payer SSN	
Spouse Last Name	Spouse First Name	Spouse Middle Initial	Spouse SSN	
Mailing Address (Number & Street, Including Rural Ro	State	Residence County Code ZIP]	
1. Mississippi Taxable Income 2. Total Mississippi Tax 3. Mississippi Tax Payments & Cre 4. Refund 5. Amount You Owe Payment must be accompanied PART II: Direct Deposit	dits	ŕ		
1. Routing Number (Note: The first	st two digits of the rout	ing number must	be 01-12 or 21-32)	
 Account Number Type of Account Checking 	Savings			
My request for direct deposit includes institution with my routing number, ac properly deposited.	my authorization for tl count number, accoun	he Mississippi Sta t type, and social	te Tax Commission security number to	to furnish my financial insure my refund is
PART III: DECLARATION OF TA	XPAYER			
Under penalties of perjury, I declare that I he provided to my on-line service provider and corresponding lines of my Mississippi incocomplete.	d that the amounts descri	bed in Part I above a	gree with the amounts	shown on the
Signature of Taxpayer	Date	Signatur	re of Spouse	Date

A Mississippi tax return that is filed using an On-Line Service Provider is not considered true, accurate and complete until the Mississippi State Tax Commission receives a corresponding Individual Income Tax Declaration for On-Line Filing (MS8453) signed by the taxpayer(s).

Within 24 hours of receiving an acknowledgement from your on-line service provider that your 2004 Mississippi PC on-line return has been received by the Mississippi State Tax Commission, please ensure Part II of this declaration is signed, attach applicable form(s) W-2(s) and/or 1099R(s) and mail to:

Office of Revenue P. O. Box 23050 Jackson, MS. 39225-3050